

Please type a plus sign (+) inside this box → ☐

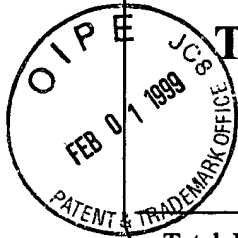
PTO/SB/21 (10-96)

Approved for use through 10/31/99. OMB 0651-0031

This form is a Replica of PTO/SB/21 (10-96)

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/188,399
Filing Date	11/06/98
First Named Inventor	MARK S. BODDY, ET AL.
Group Art Unit	2786
Examiner Name	Not Assigned
Attorney Docket Number	H16-17367 US

Total Number of Pages in This Submission 11

## ENCLOSURES (check all that apply)

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input checked="" type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition Checklist and Accompanying Petition<br><input type="checkbox"/> To Convert a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> After Allowance Communication to group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):<br>1. PTO-1533 FORM<br>2. Declaration and Power of Attorney<br>3. Space Statement |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	IAN D. MACKINNON REG. NO. 34,660
Signature	<i>Ian Mackinnon</i>
Date	1/27/99

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope address to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Type or printed name	SANDY TRUEHART		
Signature	<i>Sandy Truehart</i>	Date	1-27-99

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents Box Patent Application, Washington, DC 20231.

This form is a Replica of PTO/SB/17 (12/97)

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## COMPLETE IF KNOWN

Application Number	09/188,399
Filing Date	11/06/98
First Named Inventor	MARK S. BODDY, ET AL.
Group Art Unit	2786
Examiner Name	Not Assigned
Attorney Docket No.	H16-17367 US

## FEE TRANSMITTAL

Note: Effective October 1, 1997,  
Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$) 2040.00

## METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over 08-2727
- Deposit Account Number
- Deposit Account Name
- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 & 1.17 ☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the

2. ☐ Payment Enclosed:
- ☐ Check ☐ Money Order ☐ Other

## Fee Calculation

## 1. Filing Fee

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee \$	Fee Code	Fee \$		
101	760	201	380	Utility Filing Fee	760.00
106	310	206	155	Design Filing Fee	
107	480	207	240	Plant Filing Fee	
108	760	208	380	Reissue Filing Fee	
114	150	214	75	Provisional Filing Fee	
Subtotal (1)					(\$ 760.00)

## 2. Claims

	Extra	Fee from below	Fee Paid
Total Claims	34	-20 =	14
Independent Claims	14	-3 =	11
Multiple Dependent Claims			

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee \$	Fee Code	Fee \$		
103	18	203	9	Claims in excess of 20	
102	78	202	39	Independent claims in excess of 3	
104	260	204	130	Multiple dependent claim	
109	78	209	39	Reissue independent claims over original patent	
110	18	210	9	Reissue claims in excess of 20 and over original patent	
Subtotal (2)					(\$ 1110.00)

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

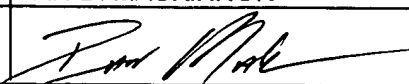
Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee \$	Fee Code	Fee \$		
105	130	205	65	Surcharge - Late Filing Fee	
127	50	227	25	Surcharge - Late provisional filing fee or cover sheet	
139	130	139	130	Non-English Specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner Action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner Action	
115	110	215	55	Extension for reply within first month	
116	380	216	190	Extension for reply within second month	
117	870	217	435	Extension for reply within third month	
118	1360	218	680	Extension for reply within fourth month	
128	1850	228	925	Extension for reply within fifth month	
119	300	219	150	Notice of Appeal	
120	300	220	150	Filing a brief in support of an appeal	
121	260	221	130	Request for Oral Hearing	
138	1,510	138	1,510	Petition to institute a public use hearing	
140	110	240	55	Petition to revive - unavoidable	
141	1,210	241	605	Petition to revive - unintentional	
142	1,210	242	605	Utility issue fee (or reissue)	
143	430	243	215	Design issue fee	
144	580	244	290	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to Provisional applications	
126	240	126	240	Submission of Information Disclosure Statement	
581	40	581	40	Recording each patent assignment per property (times number of properties)	40.00
146	760	246	380	Filing a submission after final rejection (37 CFR 1.129(a))	
149	760	249	380	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify) Notice to File Missing Parts					130.00
Other fee (specify)					

\* Reduced by Basic Filing Fee Paid

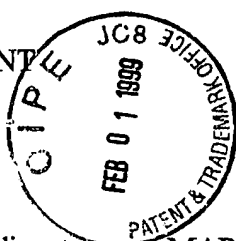
Subtotal (3) (\$ 170.00)

## SUBMITTED BY

## COMPLETE IF APPLICABLE

Typed or Printed Name	IAN D. MACKINNON		Registration Number	34,660
Signature		Date	1/27/99	Deposit Account User ID

Burden Hour Statement: This form is estimated to take 2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231


 IN THE UNITED STATES PATENT AND  
TRADEMARK OFFICE

PATENT

6P2786

Minneapolis, Minnesota

Applicant - MARK S. BODDY, ET AL.

Group - 2786

Serial No. - 09/188,399

Examiner - Not Assigned

Filed - 11/06/98

Docket No- H16-17367 US

For - AUTOMATED FINITE CAPACITY SCHEDULER

SPACE STATEMENT

RECEIVED

STATE OF : MINNESOTA

APR 16 1999

COUNTY OF : HENNEPIN

: ss

Group 2700

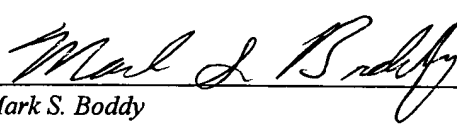
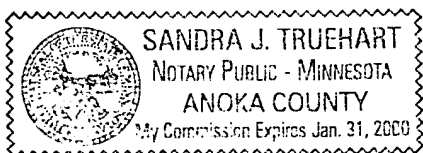
We, MARK S. BODDY and DANIEL P. JOHNSON, the applicants in the enclosed application, state:

1. The invention claimed in the above-cited application was made in the course of my employment with Honeywell Inc.

2. The equipment, materials, facilities, funds and the like used by me at the time of this invention were furnished to me by Honeywell Inc.

3. The present invention was not made in connection with the performance of any contract with the National Aeronautics and Space Administration.

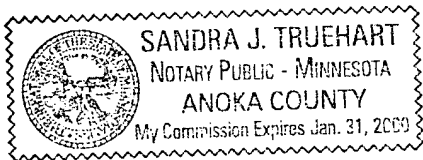
4. The invention or discovery was not made in the course of or under any contract, subcontract, or arrangement entered into, with or for the benefit of the Atomic Energy Commission, the Energy Research and Development Administration (Public Law 93-438, 93rd Congress, 42 U.S.C. 5801) or the Department of Energy (Public Law 95-91, 95th Congress, 42 U.S.C. 7101).

Date 1/27, 1999.
  
Mark S. Boddy
Subscribed and sworn to before me this 27 day of January, 1999
  
Notary Public
County of AnokaState of MinnesotaMy Commission Expires: 1-31-2000

Date Jan 27, 1999.

Daniel P. Johnson  
Daniel P. Johnson

Subscribed and sworn to before me this 27 day of January, 1999



Sandra J. Truehart  
Notary Public  
County of Anoka  
State of Minnesota  
My Commission Expires: 1-31-2000



UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office  
Address: COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

#3

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO./TITLE
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09/188,399	11/06/98	BODDY	M 256,029US1
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021186 0222/1208  
SCHWEGMAN LUNDBERG WOESSNER & KLUTH  
P O BOX 2938  
MINNEAPOLIS MN 55402

NOT ASSIGNED

2786

DATE MAILED:

12/08/98

### NOTICE TO FILE MISSING PARTS OF APPLICATION

*Filing Date Granted*

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO-MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of ☐ \$65.00 for a small entity in compliance with 37 CFR 1.27, or ☒ \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment.

If all required items on this form are filed within the period set above, the total amount owed by applicant as a ☒ small entity (statement filed) ☒ non-small entity is \$ ~~2130.00~~ 2000.00

☒ 1. The statutory basic filing fee is:

- ☐ missing.  
☒ insufficient.

Applicant must submit \$ 760.00 to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).

☐ 2. Additional claim fees of \$ \_\_\_\_\_, including any multiple dependent claim fees, are required.

858. \$ 902.00 for 11 independent claims over 3.  
252. \$ 308.00 for 14 dependent claims over 20.

\$ \_\_\_\_\_ for multiple dependent claim surcharge.

Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.

☐ 3. The oath or declaration:

- ☐ is missing or unexecuted.  
☐ does not cover the newly submitted items.  
☐ does not identify the application to which it applies.  
☐ does not include the city and state or foreign country of applicant's residence.

An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date, is required.

☐ 4. The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42, 1.43 or 1.47.

A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.

☐ 5. The signature of the following joint inventor(s) is missing from the oath or declaration:

An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required.

☐ 6. A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)).

☐ 7. Your filing receipt was mailed in error because your check was returned without payment.

☐ 8. The application does not comply with the Sequence Rules.

See attached "Notice to Comply with Sequence Rules 37 CFR 1.821-1.825."

☐ 9. OTHER:

Direct the reply and any questions about this notice to "Attention: Box Missing Parts."

*[Signature]* A copy of this notice **MUST** be returned with the reply.

Customer Service Center  
Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

02/04/1999 7:00PALLA 00000074 02/27  
0918399  
790.00 CH  
130.00 CH  
308.00 CH  
902.00 CH  
01 FC:101  
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